



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

19 Staniford Street, 2nd Floor ■ Boston, MA 02114
(617) 626-6970 ■ (617) 626-6966 fax
www.mass.gov/dos/

RENEWAL APPLICATION
EMPLOYMENT AGENCY LICENSE
AND SERVICE AGENCY REGISTRATION

The Employment Agency Program within the Massachusetts Division of Occupational Safety (DOS) licenses for-profit employment agencies and registers service agencies in accordance with M.G.L. c. 140, §§ 46A-46R. Depending upon the nature of your business and the manner in which you place, find, recruit, refer, or assign workers to jobs, employment, interviews, or assignments, your agency requires a license or registration. Said licenses and registrations must be renewed annually pursuant to M.G.L. c. 140, §§ 46B, 46D, 46Q, and 801 CMR 4.02.

SECTION I

AGENCY LICENSE OR REGISTRATION NUMBER: _____

AGENCY NAME _____

PARENT OR AFFILIATE COMPANY NAME (if applicable) _____

STREET ADDRESS _____ BLDG/SUITE # _____

CITY / TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____ WEBSITE _____

AGENCY IS LOCATED IN A : ☐ RESIDENCE ☐ COMMERCIAL BUILDING

AGENCY MAILING ADDRESS (if different) _____

SECTION II

1. THIS AGENCY IS A: ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP, LP, OR LLP ☐ CORPORATION OR LLC

FEDERAL ID # _____

- If sole proprietorship, provide the following for the **Owner**;
- If partnership, LP, or LLP, provide the following for the **Partner (1 of 2)**;
- If corporation or LLC, provide the following for the **President**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

- If partnership, LP, or LLP, provide the following for the **Partner (2 of 2)**;
- If corporation or LLC, provide the following for the **Treasurer**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

2. Has any of the above information changed since your last license or registration was issued? ☐ YES ☐ NO

If YES, sole proprietorships, partnerships, or LPs must remit a copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency is located. Corporations, LLPs, or LLCs must remit a current Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office. These documents must be attached to your renewal application. (Contact information for the Secretary of the Commonwealth's Office: One Ashburton Place, Boston, MA 02108-1512 Tel.: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm)

3. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
Provide the following information for the **AGENCY MANAGER**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

4. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
List all types of placement occupations / jobs / engagements / services your agency provides:

<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY

5. How many placement counselors does your agency utilize? ☐ 1-4 ☐ 5 or more
6. Does your current license or registration show the correct name and address of your agency? ☐ YES ☐ NO
7. Does your agency have multiple locations? ☐ YES ☐ NO

IF YES is each office duly licensed or registered?

☐ YES

☐ NO

List the cities/towns of the other locations: _____

8. If an agency directly employs the workers it places, are all workers receiving at least the Massachusetts minimum hourly wage?
☐ Agency is not the direct employer ☐ YES ☐ NO
9. If an agency does not directly employ its workers or referrals, does the agency provide the client and job applicant or referral with information about Massachusetts' Minimum Wage and Hour Laws?
☐ Agency is the direct employer ☐ YES ☐ NO
10. Is the Massachusetts Minimum Wage and Hour Laws poster posted in your agency? ☐ YES ☐ NO

SECTION III

Please answer the following:

1. Does your business accept applications and keep a list of persons seeking employment? ☐ YES ☐ NO
2. Does your business send people on interviews or to assignments, jobs, or engagements that your business has arranged? ☐ YES ☐ NO
3. Does your business keep a list of employers, persons, businesses, or clients seeking employees or workers for permanent or temporary employment, help, or engagement? ☐ YES ☐ NO
4. Does your business place models, "brand ambassadors," or "promotional workers?" ☐ YES ☐ NO

➔ If the answer to question # 4 is YES, you must complete SECTION IV AND SECTION V of this application. Your business must be renewed as a licensed employment agency.

➔ If the answer to question # 4 is NO, please answer the following questions:

5. Does your business charge fees of any kind to job applicants or workers, either directly or indirectly*? (**This means there is a monetary difference between the amount that is invoiced to the client company for worker services and the amount that is paid to the worker.*) ☐ YES ☐ NO
6. Does your business provide domestic employees, defined as workers who provide services in a person's home, including babysitters, nannies, elder care workers, or home companions? ☐ YES ☐ NO

➔ If the answer to BOTH of questions # 5 AND # 6 is NO, skip SECTION IV and go directly to SECTION V of this application. Your business must be renewed as a registered as a service agency pursuant to M.G.L. c. 140, §§ 46A, 46B.

➔ If the answer to EITHER of questions # 5 and/or # 6 is YES, please answer the following questions:

7. Does the agency directly employ its workers, that means, the agency pays them, assigns them, provides workers' compensation insurance for them in accordance with M.G.L. c. 152, the Workers' Compensation Act, and exercises some level of supervision over them on an on-going basis? ☐ YES ☐ NO
8. Does the agency ONLY provide part-time (fewer than 35 hours per week) or temporary help (assignments lasting fewer than 10 weeks) to others? (*This means, none of your workers spend more than 35 hours per week or more than 10 weeks in duration working for only one client.*) ☐ YES ☐ NO

➔ If the answer to **BOTH** of questions # 7 and # 8 is **YES**, **skip SECTION IV** and go directly to **SECTION V** of this application. Your business must be renewed as a registered service agency pursuant to M.G.L. c. 140, §§ 46A, 46B.

➔ If the answer to **EITHER** of questions # 7 or # 8 is **NO**, please answer question # 9:

9. Does the agency solely provide to employers or prospective employers, by electronic means, biographical information, background, and experience of applicants for temporary employment, help, or engagement, and does not try to connect specific job applicants or workers to specific clients, persons, or businesses seeking workers? ☐ YES ☐ NO

If the answer to question #9 is **YES**, **skip SECTION IV** and go directly to **SECTION V** of this application. Your business must be renewed as a registered as a service agency pursuant to M.G.L. c. 140, §§ 46A and 46B.

If the answer to question # 9 is **NO**, **complete SECTION IV AND SECTION V** of this application. Your business must be renewed as a licensed employment agency pursuant to M.G.L. c. 140, § 46A.

SECTION IV

This section is to be completed by license renewal applicants only. Registration renewal applicants go directly to Section V.

1. Has your agency manager changed within the past year? ☐ YES ☐ NO

If YES, attach a copy of the current manager's resume to your renewal application and remit as part of your renewal package to DOS.

2. Is your license posted in a conspicuous place in your agency? ☐ YES ☐ NO

3. Is there a copy of the Employment Agency Law posted in your office? ☐ YES ☐ NO

4. Has your agency changed any of its forms or contracts within the last six months? ☐ YES ☐ NO

If YES, attach new forms and contracts to your renewal application and remit as part of your renewal package to DOS.

5. Does the agency maintain a register and separate file designation for job applicants/employees/workers containing the name, address, date of application, completed job application, references, result of reference(s) check(s), job assignment, and all fees or charges itemized? ☐ YES ☐ NO

6. Does the agency maintain a register of all clients and maintain copies of contracts or agreements that stipulate the name and address of each client/employer, billing rate and/or fee for services, and a work order? ☐ YES ☐ NO

7. Are records kept on the agency premises for at least three (3) years? ☐ YES ☐ NO

8. Does the agency advertise in newspapers or other publications? ☐ YES ☐ NO

If YES, attach sample advertisement to your renewal application and remit as part of your renewal package to DOS.

9. Is the agency party to any criminal or civil cases involving past or present applicants, workers, or clients? ☐ YES ☐ NO

If YES, attach information, court documents, or final disposition from the court to your renewal application and remit as part of your renewal package to DOS.

SECTION IV CONTINUED...

10. Does the agency place domestic workers, that is, workers who provide services in a person's home, including nannies, babysitters, and/or elder care givers? ☐ YES ☐ NO

If NO, go to question #11. If YES, please answer the following:

- A. Are mandatory CORI checks being performed? ☐ YES ☐ NO
- B. Does the agency check at least one (1) of every applicant's references? ☐ YES ☐ NO
- C. Has the agency received any complaints from, or had services terminated for cause, by any clients or employees? ☐ YES ☐ NO
- D. Does the agency attempt to recruit workers from outside the Commonwealth of Massachusetts to perform domestic work? ☐ YES ☐ NO
- E. Does the agency utilize person(s) (emigrant agents) to recruit workers outside of Massachusetts? ☐ YES ☐ NO

If YES, provide the name of recruiter(s), mailing address, and his/her license number(s) and attach to this application.

11. Does the agency place models, "brand ambassadors," or "promotional workers?" ☐ YES ☐ NO

If NO, go to question # 12. If YES please answer the following:

- A. Does the agency charge a registration fee to the model(s)? ☐ YES ☐ NO
- B. Does the agency charge a fee for work performed in excess of 10% to the model(s)? ☐ YES ☐ NO
- C. Does the agency use contracts between the agency and the model(s)? ☐ YES ☐ NO

12. Attach the following required documents to your renewal application for licensure, depending upon whether your agency is a sole proprietorship, partnership, LP, LLP, corporation, or LLC.

SOLE PROPRIETORSHIP	PARTNERSHIP, LP, OR LLP	CORPORATION OR LLC
<input type="checkbox"/> A surety bond continuation certificate for the surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate.	<input type="checkbox"/> A surety bond continuation certificate for the surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate.	<input type="checkbox"/> A surety bond continuation certificate for the surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate.
<input type="checkbox"/> A signed and dated CORI Request Form for the owner. Form provided.	<input type="checkbox"/> A signed and dated CORI Request Form for both partners. Form provided; make copies as needed.	<input type="checkbox"/> A signed and dated CORI Request Form for corporate president and corporate treasurer. Form provided; make copies as needed.

SECTION IV CONTINUED...

**THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM**

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CORI REQUEST FORM

Massachusetts Division of Occupational Safety (DOS) has been certified by the Criminal History Systems Board (CHSB) to access conviction and pending case CORI for the purpose of screening applicants for employment agency licensure. If agency is a sole proprietorship, the owner must complete this form; if agency is a partnership, both partners must complete this form, if agency is a corporation, the president and treasurer must complete this form. Make copies as needed.

As an applicant for an Employment Agency License from DOS, I understand that a criminal record check will be conducted on me, pursuant to the above, and that the results of the same will not necessarily disqualify me. The information below is correct to the best of my knowledge.

LAST NAME	FIRST NAME	MIDDLE NAME
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MAIDEN NAME OR ALIAS (IF APPLICABLE)	PLACE OF BIRTH	DATE OF BIRTH
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SOCIAL SECURITY NUMBER (REQUESTED, NOT REQUIRED)	ID THEFT INDEX PIN (IF APPLICABLE, ISSUED BY CHSB)	MOTHER'S MAIDEN NAME
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HOME ADDRESS	CITY/TOWN	STATE	ZIP CODE
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FORMER ADDRESS _____

☐ MALE ☐ FEMALE HEIGHT: FT. IN. WEIGHT: LBS.

EYE COLOR DRIVER'S LICENSE NUMBER AND STATE

APPLICANT SIGNATURE

DATE

NAME OF EMPLOYMENT AGENCY

-FOR DOS USE ONLY-

THE ABOVE-INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT-ISSUED PHOTO IDENTIFICATION:

Requested by: _____

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	DATE	PRINT NAME

-FOR CHSB USE ONLY-

Record Attached: ☐ No Record: ☐

SECTION V

1. **Registration and License Renewal Applicants must submit the following documents with this completed application. An application is not complete without the following attachments:**

SOLE PROPRIETORSHIP	PARTNERSHIP OR LP	CORPORATION, LLP OR LLC
<input type="checkbox"/> A completed Affirmation of Compliance with Workers' Compensation Law. Form provided.	<input type="checkbox"/> A completed Affirmation of Compliance with Workers' Compensation Law. Form provided.	<input type="checkbox"/> A completed Affirmation of Compliance with Workers' Compensation Law. Form provided.
<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee. See fee schedule below.	<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee. See fee schedule below.	<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee. See fee schedule below.

APPLICATION FEE SCHEDULE:

<i>Licensed Employment Agencies</i>	<i>Registered Service Agencies</i>
\$300 per agency location	\$300 for main office
\$550 if location has five (5) or more placement counselors	\$180 for each branch office

2. SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION

If agency is a sole proprietorship, the owner must sign
If agency is a partnership, LP, or LLP, both partners must sign
If agency is a corporation, or LLC, the President and Treasurer must sign

By signing below, I hereby certify that the following are true:

- My business has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, withholding and remitting child support, and Employer Fair Share Contributions.
- My business will post the Massachusetts Minimum Wage and Hour Laws poster in a conspicuous place in my/our office. If I/we do not interview or otherwise interact with applicants, referrals, workers, employees, or placements in an office setting, I certify that I will provide a copy of the poster to each such applicant, referral, worker, employee, or placement.

I declare the above facts and supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application or revocation of a license or registration. I understand that DOS has the right of inspection of any registered or licensed agency at any time, and that information contained within this application can and will be verified using resources available to DOS. I understand that having a valid employment agency license or registration is a requirement of Massachusetts State Law.

Signed under the pains and penalties of perjury.

SIGNATURE

PRINT NAME

PRINT TITLE

DATE

SIGNATURE

PRINT NAME

PRINT TITLE

DATE

**Mail Completed Application and All Supporting Documentation to:
MA Division of Occupational Safety, Employment Agency Program, 19 Staniford Street, 2nd Floor, Boston, MA 02114**



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

**AFFIRMATION OF COMPLIANCE WITH
WORKERS' COMPENSATION LAW**

All employers in Massachusetts are required to carry workers' compensation insurance for their employees. This addendum to your application package allows employers to affirm compliance with this law. **All information provided is subject to investigation by the Division of Occupational Safety and the Department of Industrial Accidents. Pursuant to M.G.L. c. 152, §25C(6), the Division of Occupational Safety (DOS) must deny the issuance or renewal of a license if the applicant is not in compliance with workers' compensation law.**

Name of Business Entity: _____

Name of Owner(s) _____

Business Address: _____

CITY/TOWN

STATE

ZIP CODE

Telephone Number: _____ Website Address: _____

Check one box and take action required:

- ☐ I am an employer and the workers that my agency places, assigns, or refers are employees of my business. Complete Section A and attach a copy of your workers' compensation insurance policy declaration page.
- ☐ I have other employees, but the workers that my agency places, assigns, or refers are NOT employees of my business. Complete Section B.
- ☐ I am a sole proprietor or partnership (not a corporation); I have no employees, and the workers my agency places, assigns, or refers are not employees of my business. Complete Section B.
- ☐ My business is a corporation with no employees; the workers my agency places, assigns, or refers are not employees of my business, and my corporation has an approved Form 153 from the Department of Industrial Accidents exempting corporate officers from workers' compensation insurance coverage. Complete Section B and attach a copy of your approved Form 153.

SECTION A: WORKERS' COMPENSATION INSURANCE INFORMATION

M.G.L. c. 152, § 25C (6) reads, in relevant part, "Every state or local licensing agency shall withhold issuance or renewal of a license or permit to operate a business... for any applicant who has not produced acceptable evidence of compliance with the [workers' compensation] insurance coverage required by this chapter."

Insurance Company Name: _____

Insurance Company Address: _____

Policy Number or
Self-Insurance License Number: _____ Expiration Date: _____

Check if applicable:

- ☐ All of my employees are covered under the policy listed above, including the workers that my agency places, assigns, or refers.

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

SIGNATURE OF BUSINESS OWNER

DATE

SECTION B: FOR THOSE BUSINESSES THAT DO NOT EMPLOY SOME OR ANY OF THE WORKERS THAT THEY PLACE, ASSIGN, OR REFER TO JOBS, WORK, OR ENGAGEMENTS

1. What type(s) of work do the people you place, assign, or refer perform? _____

2. How are these workers paid? Cash ☐ Check ☐ Who pays these workers? _____
3. Does your business set the workers' hours? Yes ☐ No ☐
4. Does your business assign workers to job site(s)? Yes ☐ No ☐
5. Does your business provide equipment or tools to workers you place, assign, or refer? Yes ☐ No ☐
6. How do workers get to their jobs site(s)? _____
7. Does your agency provide workers with a 1099 Tax Form for income earned? Yes ☐ No ☐
8. Are these workers sufficiently skilled in the performance of the required job duties to be able to make decisions on their own and to work without supervision? Yes ☐ No ☐
9. Do these workers perform their job duties at more than one job site? Yes ☐ No ☐
10. Do these workers supervise or employ any other worker(s) at the same or any other job site? Yes ☐ No ☐
11. What is the average duration of the job/assignment to which you place, assign, or refer a worker? _____
12. Does your business consider the people you place, assign, or refer, to be independent contractors? Yes ☐ No ☐
13. Does your business consider the people you place, assign, or refer to jobs, work, or engagements to be the employees of the person or business for whom they perform their work? Yes ☐* No ☐
- *If YES, is this employment relationship disclosed in writing? Yes ☐ No ☐

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

SIGNATURE OF BUSINESS OWNER

DATE

For Official Use Only

Department of Industrial Accidents

Division of Occupational Safety

☐ Based upon available information, this business appears to have met its legal obligations with regard to WC insurance coverage.

Date sent: _____

☐ Based upon available information, this business does **not** appear to have met its legal obligations with regard to WC insurance coverage.

By: _____

☐ Based upon available information, the Department of Industrial Accidents is unable to determine whether this business has met its legal obligations with regard to WC coverage, and must investigate further.